## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

009629 75 MORGAN LEW	E ADDRESS (Note: Use Block I for  90 04/06/2005  IS & BOCKIUS LLI	011	6 2005 A	papers. Each addition	of mailing can only be used of this certificate cannot be used and paper, such as an assignmate of mailing or transmission.  The trifficate of Mailing or Transmital is beire with sufficient postage for final Stop ISSUE FEE address SPTO (703) 746-4000, on the	for any other accompanying ent or formal drawing, must	
/08/2005 MBEYENE2 0000	0168 500310 106571	29 🖳	<b>H</b>	transmitted to the Os	SF1O (703) 740-4000, on the	(Depositor's name)	
FC:1501 1400.00	DA	& BAD	=MAEX CI	<del></del>		(Signature)	
FC:1504 300.00 FC:8001 12.00	DA no	<b>AU</b>			<u></u>	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/657,129	<u></u>		Teruaki Sogawa		040894-5952	9218	
TITLE OF INVENTION: O	PTICAL PICKUP		·			7210	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	07/06/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	ח		
CAO, ALLEN T		2652		720-685000	_		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF PLEASE NOTE: Unless an assignee is identified below, no assign recordation as set forth in 37 CFR 3.11. Completion of this form is 1			or agents OR, (2) the name registered atto 2 registered p listed, no name	to will appear on the patent of the patent of the second o			
(A) NAME OF ASSIGNE	37 Crk 3.11. Completion (	or this form is NO	a substitute for	filing an assignment. (CITY and STATE OR CO			
Funai Ele	ctric Co., L		Osaka,	•	, ,		
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the pater	nt): 🗖 Individual 🖫 (	Corporation or other private gro	oup entity Government	
4a. The following fee(s) are e	nclosed:		Payment of Fee	` '			
Issue Fee	11		A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies/			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to				
A Advance Order - # 01	Copies		Deposit Account	is hereby authorized by a Number $\underline{50-0310}$	charge the required fee(s), or  (enclose an extra co	credit any overpayment, to opy of this form).	
<ol> <li>Change in Entity Status (</li> <li>a. Applicant claims SM</li> </ol>	from status indicated above) IALL ENTITY status. See 3		b. Applicant	is no longer claiming SMA	ALL ENTITY status. See 37 Cl	FR 1.27(g)(2)	
The Director of the USPTO is	requested to apply the Issue blication Fee (if required) w	e Fee and Publicati	ion Fee (if any) o	r to re-apply any previous	ly paid issue fee to the applica gistered attorney or agent; or th	tion identified above	
Authorized Signature	1				June 6, 2005	· · · · · · · · · · · · · · · · · · ·	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.